



# KALAHARI GIFT CARDS

## CONTACT INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Type of Credit Card for Payment: \_\_\_\_\_

Credit Card Last 4 Digits: \_\_\_\_\_

Quantity of Gift Cards Needed: \_\_\_\_\_

Dollar Amount For Each Gift Card: \_\_\_\_\_

*Please return this form to [tclark@kalahariresorts.com](mailto:tclark@kalahariresorts.com) no less than 2 weeks prior to your groups arrival. Once received, Kalahari will call you for the full credit card number. Forms submitted within 2 weeks of arrival will not be accepted.*